PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY **FOR** NUMBER FILED **NUMBER EXTRA** RATE FEE RATE BASIC FEE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. **TOTAL** OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY **CLAIMS** HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-1 **AFTER** PREVIOUSLY EXT**R**A TIONA TIONAL **AMENDMENT** PAID FOR FEE, FEE Total Minus = (37 CFR 1.16(c)) OR X \$ Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16 d)) **OR** TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ENT ADDI-**AFTER PREVIOUSLY EXTRA** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE MON Total Minus (37 CFR 1.16(c)) OR Independent Minus = AME (37 CFR 1.16(b)) X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$ OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST \circ REMAINING PRESENT NUMBER RATE ADDI-ENT RATE ADDI-AFTER **EXTRA PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total $\overline{\Sigma}$ Minus (37 CFR 1.16(c)) X \$ OR AMEN Independent Minus , **=** (37 CFR 1.16(b)) X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

	PATENT	APPLICATION Effect	RD		APP 1284-US							
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYPE		NTITY	OR	OTHER	
TC	TAL CLAIMS		20				R/	TE	FEE	1	RATE	FEE
FO	R		NUMBER FILED		NUMB	ER EXTRA	BASI	C FEE	355.00	OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• Ø		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 m	inus 3 =	- (0=	1	OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+135≔			OR	+270=	
• If	the difference	in column 1 is	ess than zero, enter "0" in column 2			<u></u>	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II								••-] •	OTHER	
		(Column 1)		(Column 2) (Column			SM	ALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**.			X\$	9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	CL AILA	=	X4	0=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=	
	•						TO ADDIT	DTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDII.	PEE;			ADDIT. PEEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	LE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	,	=	X\$	9=		OR	X\$18=	
	Independent	•	Minus	***		=	X4)=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	PENDENT	CLAIM		+13	5=		OR	+270= .	
			·					TAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT	RA	ſΕ	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
¥ Q N	Total	•	Minus	**		=	X\$	9=		OR [.]	X\$18=	·
AME	Independent	*	Minus	***	- O1 A11-	-	X40)=		OR	X80=	
_	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	ENUENT	CLAIM		+13				±270 	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

OR

TOTAL ADDIT. FEE

TOTAL

ADDIT. FEE

Application or Docket Number